

Riley County-Manhattan Health Department
2030 Tecumseh Road
Manhattan, KS 66502
(785) 776-4779, ext. 278

Log # _____
Date rec'd _____
Client # _____
Enc # _____
Pd: Ck# _____ Cr Card Cash

\$100.00 fee

Application:
Private Wastewater Disposal System

New Septic Address: _____
(Street) (City) (Zip Code)

Legal Description (copy may be attached): _____

Home Phone _____ Work Phone _____ Cell Phone _____ Date of Birth: _____
(statistical purposes only)

I _____, whose present mailing address is:
(Print full legal name)

(Street) (City/State) (Zip Code)

do hereby apply to construct a private wastewater disposal system to serve a _____ bedroom family dwelling which is or will be located on a tract described as follows:

Name of licensed installer: _____

Size of Property: _____ acres

Percolation Rate : _____ min/in
(To be completed by RCMD)

I hereby certify the information on this application is true and correct to the best of my knowledge and belief.

Date _____ Signature of applicant _____

.....
Preliminary proposal approved this _____ day of _____, _____ for a two-compartment _____ gallon tank with: _____

by: _____
(Health Officer)

.....
PRIVATE WASTEWATER DISPOSAL SYSTEM USE PERMIT

Final construction is approved and permit is hereby issued this _____ day of _____, _____,

by: _____
(Health Officer)